



**HAWAII STATE ETHICS COMMISSION**  
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TEL: 587-0460 FAX: 587-0470  
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STATE OF HAWAII  
STATE ETHICS COMMISSION

## LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

<b>PART I LOBBYIST</b>			
NAME (Last)	(First)	(Middle)	TELEPHONE
Anonsen	William	Finn	808 232-1831
MAILING ADDRESS (Street)			FAX
P.O. Box 6387			808 235-5660
(City)	(State)	(Zip Code)	
Kaneohe	Hawaii	96744	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
MAILING ADDRESS (Street)			FAX
(City)			(State)
(Zip Code)			

<b>PART II ORGANIZATION</b>		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)		TELEPHONE
Kalaeloa Barbers Point Harbor Advisory Council		808 232-1831
MAILING ADDRESS (Street)		FAX
P.O. Box 6387		808 235-5660
(City)	(State)	(Zip Code)
Kaneohe	Hawaii	96744
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT		TELEPHONE
William F. Anonsen		808 232-1831
MAILING ADDRESS (Street)		FAX
P.O. Box 6387		808 235-5660
(City)	(State)	(Zip Code)
Kaneohe	Hawaii	96744

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**PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY**

- |  |  |  |  |
|--|--|--|--|
| <input type="checkbox"/> Agriculture   | <input type="checkbox"/> Education                                 | <input type="checkbox"/> Human Services  | <input checked="" type="checkbox"/> Science, Technology & Economic Development |
| <input checked="" type="checkbox"/> Communications & Public Utilities        | <input checked="" type="checkbox"/> Government Operation & Finance | <input checked="" type="checkbox"/> Intergovernmental Relations, International Affairs | <input checked="" type="checkbox"/> Tourism & Recreation                       |
| <input checked="" type="checkbox"/> Consumer Protection & Commerce           | <input type="checkbox"/> Hawaiian Affairs                          | <input checked="" type="checkbox"/> Labor & Employment                                 | <input checked="" type="checkbox"/> Transportation                             |
| <input type="checkbox"/> Culture, Arts, Historic Preservation                | <input type="checkbox"/> Health                                    | <input checked="" type="checkbox"/> Planning, Land & Water Use Management              | <input type="checkbox"/> Other: (indicate below)                               |
| <input checked="" type="checkbox"/> Ecology, Energy Environmental Protection | <input type="checkbox"/> Housing                                   | <input checked="" type="checkbox"/> Public Safety & Corrections                        | _____  |

**PART IV CERTIFICATION OF LOBBYIST**

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.

William D. Anonsen

(Signature of Lobbyist)

1/22/07

(Date)

**PART V AUTHORIZATION TO LOBBY**

NAME

William Anonsen

TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED

Chairman

NAME OF ORGANIZATION (if applicable)

Kalaeloa Barbers Point Harbor Advisory Council

TELEPHONE

808 232-1831

MAILING ADDRESS (Street)

P.O. Box 6387

FAX

808 235-5660

(City)

Kaneohe

(State)

Hawaii

(Zip Code)

96744

I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.

William D. Anonsen

(Signature of Authorizing Officer or Person Represented)

1/22/07

(Date)